

Schedule A to the Loan Authorization Notice

Lender: _____ Guaranteed Loan Facility No.: _____

Borrower(s): _____

I. Loan Facility Type (Check one.)

- ☐ Revolving Loan Facility (other than Transaction Specific Revolving Loan Facility) (Loan Facility Type “R” for use in Table 1)
- ☐ Transaction Specific Loan Facility (Loan Facility Type “TS” for use in Table 1)
- ☐ Transaction Specific Revolving Loan Facility (Loan Facility Type “TSR” for use in Table 1)

II. Loan Facility Fee Term, and Portion of Term for which the Facility Fee is due:

A. Number of months (total) in the term of the Loan Facility:

Note: Transaction Specific Loan Facilities and Transaction Specific Revolving Loan Facilities may only be committed for terms of up to twelve (12) months unless otherwise approved by Ex-Im Bank. **If such approval was received, attach a copy of Ex-Im Bank’s letter.** In such cases, the Facility Fee is due **in full** within ten (10) Business Days of the Effective Date, and will be *pro-rated* for the number of months in the term.

B. Number of months for which Facility Fee is due:
(Based on the chart which follows)

Table 1

LOAN FACILITY TYPE	If number of months in Part A is:	FACILITY FEE DUE WITHIN 10 BUSINESS DAYS OF ...		
		Effective Date	1st anniversary of Effective Date	2nd anniversary of Effective Date
R	Up to 12 months	All: same as Part A, minimum 6 months	N/A	N/A
	Over 12 months, up to and including 24 months	12	# in Part A, less 12 (number of months remaining in term)	N/A
	Over 24 months, up to and including 36 months	12	12	# in Part A, less 24 (number of months remaining in term)
TS, TSR	(any)	All: same as Part A, minimum 6 months	N/A	N/A

III. Annual Facility Fee Percentage (check one):

- ☐ The Criteria for Reduced Facility Fee **have not** been met in accordance with Exhibit I to the Master Guarantee Agreement. (Use to determine applicable EIB's share in Table 2.)
- ☐ The Criteria for Reduced Facility Fee **have** been met in accordance with Exhibit I to the Master Guarantee Agreement. (Use to determine applicable EIB's share in Table 2.)

Note: For Revolving Loan Facilities (other than Transaction Specific Revolving Loan Facilities) with terms in excess of twelve (12) months, the Criteria for the Reduced Facility Fee must have been met **for each year or portion thereof** for which Lender remits the Reduced Facility Fee.

Table 2

# of months for which Facility Fee is due (based on Table 1)	MAXIMUM AMOUNT	Use applicable Annual Facility Fee Percentage, in determining applicable EIB's Share when calculating the Facility Fee (Table 3).					
		(STANDARD) FACILITY FEE (1.5%)			REDUCED FACILITY FEE (1.0%)		
		Lender Charges	EIB's Share	Lender Retains	Lender Charges	EIB's Share	Lender Retains
Up to 6 months	First \$2,000,000	75 bp	25 bp	50 bp	50 bp	25 bp	25 bp
	Portion over \$2,000,000	75 bp	37.5 bp	37.5 bp	50 bp	25 bp	25 bp
Over 6 months	First \$2,000,000	150 bp pa	25 bp pa	125 bp pa	100 bp pa	25 bp pa	75 bp pa
	Portion over \$2,000,000	150 bp pa	75 bp pa	75 bp pa	100 bp pa	50 bp pa	50 bp pa
The Facility Fee for a Transaction Specific and Transaction Specific Revolving Loan Facility with a term of over twelve (12) months (that have been approved by Ex-Im Bank) will be <i>pro-rated</i> and is due in full within ten (10) days of the Effective Date. A copy of Ex-Im Bank's approval must be attached to this Schedule.					bp = basis point pa = per annum		

IV. Facility Fee Calculation:

Show Facility Fee calculation in Table 3, below:

Table 3

Portion of Maximum Amount		X	Applicable “EIB’s Share” from Table 2	Pro-rate Facility Fee if/as applicable: # of months for which Facility Fee is due (based on Table 1) X		Amount of Facility Fee to remit to Ex-Im Bank
First \$2,000,000 =	\$	X	bp (pa)	X	/ 12	= \$
Portion over \$2,000,000 =	\$	X	bp (pa)	X	/ 12	= \$
Lender shall pay this Facility Fee to Ex-Im Bank within ten (10) Business Days of the [Effective Date] [1 st anniversary of Effective Date] [2 nd anniversary of Effective Date]:						= \$

V. Facility Fee due within ten (10) Business Days of an Extension of the Final Disbursement Date. Pursuant to Section 6(f) of the Delegated Authority Letter Agreement, Lender may use its Delegated Authority to extend the Final Disbursement Date of Loan Facility *that was committed under Delegated Authority*, up to an aggregate of 120 days.

Note: If this is a Renewal, it should be treated as a new Loan Facility, not an Extension.

A. Final Disbursement Date:

- (1) as originally stated in Loan Authorization Notice _____
- (2) as (most recently) previously extended, as applicable _____
- (3) as of this Extension _____

B. Maximum Amount: \$ _____

C. Annual Facility Fee Percentage and “Applicable Rate” (check one box):

☐

As of Lender’s most recent review of Borrower, and to the best of Lender’s knowledge, the Criteria for Reduced Facility Fee **have not been met** in accordance with Exhibit I to the Master Guarantee Agreement.

“EIB’s Share” (for use in E., below) =

25 basis points for the first \$2,000,000 of the Maximum Amount and

75 basis points for the portion of the Maximum Amount over \$2,000,000

☐ As of Lender's most recent review of Borrower, and to the best of Lender's knowledge, the Criteria for Reduced Facility Fee **continue to have been met** in accordance with Exhibit I to the Master Guarantee Agreement.

"EIB's Share" (for use in E., below) =

25 basis points for the first \$2,000,000 of the Maximum Amount and

50 basis points for the portion of the Maximum Amount over \$2,000,000

Calculation of Facility Fee for Extension:

Portion of Maximum Amount	X	EIB's Share (from Line C)	X	# of days in this extension (not to exceed 120 days in the aggregate)	divided by 360	= Amount of Facility Fee to remit to Ex-Im Bank within ten (10) Business Days of effective date of this Extension:
First \$2,000,000 = \$	X	bp pa	X		/ 360	= \$
Portion over \$2,000,000 = \$	X	bp pa	X		/ 360	= \$
Lender shall pay this Facility Fee to Ex-Im Bank within ten (10) Business Days of the Effective Date of this Extension:						= \$

IN WITNESS WHEREOF, Lender has caused this instrument to be executed this
_____ day of _____, _____.

Name of Lender:

By: _____
(Signature)

Receipt acknowledged by:

EXPORT-IMPORT BANK OF THE UNITED STATES

By: _____
(Signature)

Name: _____
(Print or Type)

Name: _____
(Print or Type)

Title: _____
(Print or Type)

Title: _____
(Print or Type)

Address: _____

Address: 811 Vermont Avenue, N.W.
Washington, D.C. 20571
Attention: Vice President
United States Division

Telephone: _____

Telephone: (202) 565-3780

Telefax: _____

Telefax: (202) 565-3793